Please type a plus sign (+) inside this box	+	
ricase type a place sign (1) molde the bex		

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

36528

POWER OF ATTORNEY OF	₹
AUTHORIZATION OF AGEN	T

Practitioners at Customer Number

Practitioner(s) named below:

I hereby appoint: \boxtimes

Application Number	PCT/FI2004/050168
Filing Date	November 19, 2004
First Named Inventor	Vesa Ahvenniemi
Title	Method and Arrangement in Tail
Group Art Unit	
Examiner Name	
Attorney Docket Number	METSO-57

	Name				Registration Number				
					**				
								L	
			t(s) to prosecute the a Trademark Office con			above, and to trans	sact all busi	ness in	
			dence address for the		fied ap	olications to:			
		The abov	e-mentioned Custome	er Number.					
	DR			I:			_		
	- -	Practition	er(s) named below:						
)R		**						
	Firm <i>or</i> Individua	al Name							
Addr									
Addr	ess								
City	4			State	L	Zip			
Cour	ohone				Fax	1			
I am the:	JIIONE		.		Гах				
	Applicant/	Inventor		**-					
	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record									
Name									
Signature	· · · · · · · · · · · · · · · · · · ·								
Date March 27, 2006									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*									
\boxtimes	*Total of	2	forms are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	+	
icase type a plas sign (1) made this box		

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Practitioners at Customer Number | 36528

I hereby appoint:

Application Number	PCT/FI2004/050168				
Filing Date	November 19, 2004				
First Named Inventor	Vesa Ahvenniemi				
Title	Method and Arrangement in Tail				
Group Art Unit					
Examiner Name					
Attorney Docket Number	METSO-57				

	Prac	Practitioner(s) named below:										
	Nam	Name				Registration Number						
							The state of the s					
						į						
							-					
			nt(s) to prosecute t					above, and t	o trans	act	all busi	ness in
the Unite	d States F	Patent and	Trademark Office	cor	nected	therev	vith.					
Please c	hange the	correspon	dence address for	the	above-	-identit	fied app	lications to:				
[]	The abo	ve-mentioned Cust	om	er Num	ber.						
	OR											
		Practitio	ner(s) named belov	v:								
(OR											
	Firm or											
	Individu	al Name						<u> </u>				
	ress											
	ress											
City						<u>State</u>	<u> </u>		Zip			
Cou							T =	Γ				
-	phone						Fax					
I am the:												
\boxtimes	Applicant	Applicant/Inventor										
			of the entire intere									
Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).												
SIGNATURE of Applicant or Assignee of Record												
Name Juha Laitio												
Signature												
Date (27.3.2006												
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.												
\boxtimes	*Total of	2	forms are submittee	d.								
Burden Hour	Statement	This form is	estimated to take 3 m	nute	es to com	nlete "	Time will	vary depending	a unon f	he ne	eds of t	he individual

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.